

Alabama Department of Human Resources

Child Care Services Division
Office of Child Care Subsidy

Child Care TAS Adjustment Request

Instructions for Filing a Request with the Child Care TAS Adjustment Review Committee

Requests must be filed on the approved Child Care TAS Adjustment Request Form. **Requests filed on other forms or Requests not meeting the following criteria WILL NOT BE ACCEPTED AND WILL BE RETURNED to the child care provider.**

1. All entries made by a Provider on the Request Form should be **printed** in ink or typewritten.
2. You **must** file the original Request Form with the Child Care Services Division. Copies of any supporting Documentation **must** be included with the Request Form.
3. The **facility name, facility legal/license name, name of facility owner/operator, facility mailing address, phone number and FEIN (or SSN if the provider does not have a FEIN)**, must be included in the space provided. If an adjustment is authorized, reimbursement cannot be issued without this information. Requests without FEINs (or SSN if the provider does not have a FEIN) cannot be processed and **will be returned** to the child care facility.
4. **STATUTE OF LIMITATIONS.** The Request Form must be **received in the Child Care Services Division office** within thirty (30) calendar days from the date the reimbursement was due to be paid. **Section 1 and Section 2 on the Request Form must be completed.** Completed Request Forms may be faxed to the Child Care Services Division, within 30 calendar days of the statute of limitations, **ONLY** to establish the Date of Filing. However a Request Form with original signatures must be submitted to the Child Care Services Division within ten (10) calendar days; otherwise, the Request will be returned to you.
5. **REASON FOR REQUEST.** The *Reason for Request* [Section 1] must be completed so that the TAS Adjustment Review Committee can understand the basis of the Request.
6. **SIGNATURES.** The Request must be signed by an authorized representative (facility owner/operator) of the child care program. Request Forms not containing **original** signatures will be returned. Requests with photocopied signatures will not be accepted.
7. **SUPPORTING DOCUMENTATION.** The child care facility is responsible for including copies of all documents needed to support his/her Request.
8. **SUBMITTING REQUESTS.** Mail completed Request Form and all documentation to:

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE SERVICES DIVISION
50 N. RIPLEY STREET, P. O. BOX 304000
MONTGOMERY, AL 36130-4000
TELEPHONE (334) 242-1425/FAX (334) 353-1491

The burden of proof rests with the child care provider. Submittal of supporting documentation is the responsibility of the child care provider and not the Child Care TAS Adjustment Review Committee, the Alabama Department of Human Resources, the Child Care Services Division or the Child Care Management Agency.